



GLOBAL HEALTH Adolescent Sexual & Reproductive Health

Adolescence is a critical window of opportunity when young people learn to make independent decisions and form their own attitudes and beliefs. Yet, adolescence is also a time of challenges, with many young people experiencing child marriage, early and unintended pregnancy, complications from childbirth, and related consequences such as being forced to drop out of school. Save the Children works to ensure that adolescents of all genders have access to comprehensive sexual and reproductive health (SRH) information and services, and the supportive and gender-equitable families and communities that they need to delay marriage and childbearing, have healthy pregnancies and babies, and be the leaders of today and tomorrow.

Our global Adolescent Sexual and Reproductive Health (ASRH) programs are age- and life-stage tailored, with particular attention to the needs of very young adolescents (VYAs) (10- to 14-year-olds) and first-time adolescent moms and young parents. Our programs engage adolescents and their partners, families, and communities to promote more equitable social and gender norms and behaviors. We prioritize strengthening health systems to expand adolescent-responsive health services. In addition, Save the Children implements innovative positive youth development approaches that integrate health, education, and economic empowerment to meet the holistic needs of young people. We prioritize meaningful adolescent engagement and partnership throughout all of our work, engaging adolescents in design, implementation, evaluation, and learning, and through partnering with youth-led organizations.

Save the Children believes every child deserves a future. In the United States and around the world, we do whatever it takes – every day and in times of crisis – so children can fulfill their rights to a healthy start in life, the opportunity to learn and protection from harm. With over 100 years of expertise, we are the world's first and leading independent children's organization – transforming lives and the future we share.

KEY FACTS

- 21 million girls aged 15-19 in low- and middle-income countries (LMICs) get pregnant each year, leading to roughly 12 million births ([WHO](#)).
- 14 million adolescent girls aged 15-19 in LMICs have an unmet need for contraception ([Guttmacher Institute](#)).
- Pregnancy and birth-related complications are a leading cause of death among girls ages 15-19 ([WHO](#)).
- Adolescent mothers face higher risks of eclampsia, puerperal endometritis, and systemic infections ([WHO](#)).

OUR IMPACT

- We [implement programs in 25 countries](#) across Sub-Saharan Africa, Asia, the Middle East, and Latin America and the Caribbean.
- 43% of newly married or parenting adolescents exposed to the GREAT project in Uganda reported using family planning compared with 33% unexposed.

Age and Life Stage-Tailored Sexual and Reproductive Health and Rights (SRHR) Approaches

Our programs equip very young adolescents with the ability to navigate challenges and opportunities during puberty, engage parents to better support their adolescent children, and engage communities to foster more gender-equitable norms. We work with first-time and young parents, and their partners and communities, to improve health knowledge and their access to and use of contraceptive and maternal and newborn health services. All of our age- and life-stage tailored programs foster positive social and gender norms, build linkages to health systems, and increase access to sexual and reproductive, maternal, and newborn health services.

Equitable Social and Gender Norms and Healthy Behaviors

Save the Children leads the way in developing innovative social and behavior change activities that engage adolescents and their parents, partners, and communities to catalyze improvements in gender and SRH. These activities drive changes in SRH behaviors and social norms, such as equitably distributing household chores, prioritizing completion of education before marriage, and joint decision-making on when and if to have a child and use contraception.

Adolescent-Responsive Health Systems

Adolescents face a range of barriers to accessing SRH services, including providers who are unwilling or uncomfortable providing services, fear of being seen or mistreated, and distance to and cost of services. Our programs address these barriers by strengthening the health systems' ability to provide quality community- and facility-based services to adolescents, including a full range of contraceptive methods.

Responding to ASRH Needs in Humanitarian Settings

Humanitarian settings increase adolescents' vulnerability to violence, poverty, separation from families, sexual abuse and exploitation, and sexual and reproductive health-related illness and death. Save the Children is a leader in responding to the needs of adolescents in humanitarian settings and spearheaded the Interagency Working Group's ASRH [Toolkit for Humanitarian Settings](#).



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Facing Motherhood with a Stronger Mindset

Harikala had a difficult first pregnancy and postpartum and was apprehensive about having another baby. Her husband and family however wanted a second child. During her first pregnancy, she did not know what to expect and how to deal with the changes. She was not prepared for pregnancy, birth, and the period after that. "I knew nothing regarding pregnancy, antenatal check-ups, nutrition, and preparedness. I was a mother before I knew and an inexperienced, unhappy one," says Harikala.

Harikala gave birth to her first daughter at the age of 18. Now, at 25, she compares and notices the difference between her first and second pregnancy. "I was more informed and confident when I was pregnant with the second child. I knew about the changes I would experience during pregnancy and after the birth of child. I knew about nutrition and care needed. I had learnt these things in detail in the Healthy Transitions for Nepali Youth Project (HTNYP) group sessions."

Harikala found the group sessions so useful that she bought a radio set just to listen to them. The sessions not only alleviated her fear of pregnancy and childbirth, but also made her better prepared for childcare and family planning. "I wish all the young girls and new mothers would have access to the information that I have now, and no one ever would have to go through the fear and insecurities that I had to bear when I was pregnant with my first child," said Harikala. Through biweekly group sessions, HTNYP reached 15,697 adolescent girls and young women.

Adolescent Sexual and Reproductive Health Program Highlights

Connect

Connect (2019-2024), a [5-year project](#) funded by the Bill & Melinda Gates Foundation, leverages and strengthens local health systems to improve family planning and maternal and newborn health among first-time parents (FTPs, ages 15-24). Connect integrated postpartum family planning (PPFP) for FTPs into the community-based nutrition Lishe Endelevu project in Tanzania. During small-scale testing, [surveys](#) found that those reached by a Connect-supported community health worker were 39% more likely to be using modern PPFP, and 28% more likely to have discussed PPFP with a male partner. In Bangladesh, Connect enhanced the MaMoni Maternal and Newborn Care Strengthening Project (MaMoni MNCSP) to improve coverage, timing, and quality of postnatal care (PNC), inclusive of PPFP, for FTPs. Similarly, [surveys](#) in Bangladesh found that receiving a home visit was associated with a 15% increase in PNC visits within 72 hours, and a 20% increase in modern PPFP use. With these positive findings, Connect is implementing and evaluating impact in additional areas of Bangladesh and Tanzania, and capturing learning to catalyze global efforts to effectively and efficiently support FTPs.

USAID Kulawa & Tipping Point

USAID Kulawa (2020-2025) is the USAID Resilience in the Sahel Enhanced II (RISE II) Health Services Delivery [activity in Niger](#), which strives to close the equity gap in maternal, newborn, and child health, family planning/reproductive health, and nutrition service access and use, with a special focus on youth. USAID Kulawa also provides an implementation platform for **Tipping Point**, a 4.5-year research study funded by the Bill & Melinda Gates Foundation and led by the University of California San Diego. Through Tipping Point, Save the Children is implementing a randomized controlled trial to explore whether a social network-based intervention is more effective and more scalable than traditional approaches to improving family planning uptake among married adolescents.

Growing Up Great!

Growing Up GREAT! (2015-2022), implemented under the USAID-funded [Passages Project](#), with co-funding from the Bill & Melinda Gates Foundation, is a scalable, multi-level intervention designed to improve SRH and gender equity among VYAs and the important adults in their lives. It supports VYAs and their caregivers, teachers, health providers, and communities to question and break down social barriers that prevent access to health information and services. Growing Up GREAT! was piloted in the Democratic Republic of the Congo in 2017-2018 and subsequently scaled up from 2020-2022 by the Ministries of Education and Health. An evaluation by the [Global Early Adolescent Study](#) found that the intervention improved SRH knowledge and VYA relationships with caregivers and shifted key SRH attitudes and behaviors. Resources, publications, materials, and an implementation guide can be found on Growing Up GREAT's [legacy website](#).

Healthy Transitions for Nepali Youth

[Healthy Transitions for Nepali Youth \(2019-2021\)](#) was implemented by Save the Children and partners in four districts of Karnali Pradesh in Nepal. Healthy Transitions engaged young women, their husbands when applicable, their parents or in-laws, and the community in interventions to improve reproductive, maternal, and newborn health knowledge and practices, as well as increase gender equality in household decision making. Healthy Transitions also supported quality improvement of reproductive, maternal, and newborn services to make them responsive to the needs of adolescents. A 2019-2020 evaluation of the first cohort of young women showed significant increases in current use of modern contraceptive methods (from 26% to 33%), knowledge of danger signs during and after pregnancy, and gender equitable attitudes and practices.